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## BIB DATA SHEET

CONFIRMATION NO. 8217

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/617,979	07/11/2003	435	1637	22727/04130	
<b>RULE</b>					
<b>APPLICANTS</b> Tina M. Henkin, Dublin, OH; Frank J. Grundy, Dublin, OH; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/395,081 07/11/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/22/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SAMUEL C WOOLWINE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance  Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 19	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> CALFEE HALTER & GRISWOLD, LLP 800 SUPERIOR AVENUE SUITE 1400 CLEVELAND, OH 44114 UNITED STATES					
<b>TITLE</b> In vitro transcription assay for T box antitermination system					
<b>FILING FEE RECEIVED</b> 659	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		